

EXHIBIT 10



**ANNUAL REPORT
OF
GOVERNMENTAL AFFAIRS AGENT**

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185

Phone: (609) 292-8700

Website: www.elec.nj.gov

FORM L1-A

Reporting For Calendar Year 2023

ELEC Received

Feb 14 2024

03:36 PM

FOR STATE USE ONLY

Amendment ☐

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Genova Burns LLC

Business Address 494 Broad Street

City Newark State NJ Zip Code 07102

*(Area Code) Telephone Number 973-533-0777

1. Provide the following information regarding the Governmental Affairs Agent(s) on whose behalf this report is filed.

1. Name Angelo J. Genova

Badge Number 1557-1 Occupation or Business Attorney

Business Address 494 Broad Street

City Newark State NJ Zip Code 07102

*(Area Code) Telephone Number 973-533-0777

2. Name Nicholas R. Amato

Badge Number 1557-5 Occupation or Business Attorney

Business Address 494 Broad Street

City Newark State NJ Zip Code 07102

*(Area Code) Telephone Number 973-533-0777

3. Name Rajiv D. Parikh

Badge Number 1557-7 Occupation or Business Attorney

Business Address 494 Broad Street

City Newark State NJ Zip Code 07102

*(Area Code) Telephone Number 973-533-0777

4. Name Avi D. Kelin

Badge Number 1557-8 Occupation or Business Attorney

Business Address 494 Broad Street

City Newark State NJ Zip Code 07102

*(Area Code) Telephone Number 973-533-0777

5. Name William F. Megna

Badge Number 1557-9 Occupation or Business Attorney

Business Address 494 Broad Street

City Newark State NJ Zip Code 07102

*(Area Code) Telephone Number 973-533-0777

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

2. Provide the following information concerning all Represented Entities.

NOTE: Represented Entities who designate this report to include all of their activity must file Form L-2.

RECEIPT AMOUNT**PURPOSE:** To report all fees, retainers, allowances, reimbursement of expenses, or other compensation received from Represented Entities for the purpose of influencing legislation, regulations, governmental processes, or communicating with the general public.**NOTE:** Report only the pro rata share of each receipt which is related to influencing legislation, regulations, governmental processes, or communicating with the general public.1. Name of Represented Entity Scientific Games CorpBusiness Address 6650 S. El Camino RoadCity Las Vegas State NV Zip Code 89118**RECEIPT AMOUNT**
0.00Type of Business Gaming Services

- ☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
- ☒ Check if the Represented Entity is designating this report to indicate all of their activity.

2. Name of Represented Entity New Meadowlands Racetrack LLCBusiness Address 1 Racetrack DriveCity East Rutherford State NJ Zip Code 07073**RECEIPT AMOUNT**
0.00Type of Business Racetrack Operator

- ☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
- ☒ Check if the Represented Entity is designating this report to indicate all of their activity.

3. Name of Represented Entity 14-16 Burma Road Industrial LLC dba SAK Structures LLCBusiness Address 14 Burma RoadCity Jersey City State NJ Zip Code 07305**RECEIPT AMOUNT**
0.00Type of Business Real Estate

- ☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
- ☒ Check if the Represented Entity is designating this report to indicate all of their activity.

4. Name of Represented Entity BioReference Laboratories, Inc.Business Address 481 Edward H. Ross DriveCity Elmwood Park State NJ Zip Code 07407**RECEIPT AMOUNT**
22,490.00Type of Business Laboratory Services

- ☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
- ☐ Check if the Represented Entity is designating this report to indicate all of their activity.

5.	Name of Represented Entity	<u>Atlantic Amateur Hockey Association</u>				
	Business Address	<u>PO Box 291</u>				
	City	<u>Ho Ho Kus</u>	State	<u>NJ</u> Zip Code <u>07423</u>		
	Type of Business	<u>Amateur Hockey Association</u>	<table border="1"> <tr> <td>RECEIPT AMOUNT</td> </tr> <tr> <td>0.00</td> </tr> </table>		RECEIPT AMOUNT	0.00
RECEIPT AMOUNT						
0.00						
<input type="checkbox"/>	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.					
<input type="checkbox"/>	Check if the Represented Entity is designating this report to indicate all of their activity.					
6.	Name of Represented Entity	<u>Association Master Trust</u>				
	Business Address	<u>636 Morris Turnpike, Ste. 2A</u>				
	City	<u>Short Hills</u>	State	<u>NJ</u> Zip Code <u>07078</u>		
	Type of Business	<u>self-funded multiple employer welfare arrangement</u>	<table border="1"> <tr> <td>RECEIPT AMOUNT</td> </tr> <tr> <td>0.00</td> </tr> </table>		RECEIPT AMOUNT	0.00
RECEIPT AMOUNT						
0.00						
<input type="checkbox"/>	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.					
<input checked="" type="checkbox"/>	Check if the Represented Entity is designating this report to indicate all of their activity.					
7.	Name of Represented Entity	<u>New Jersey Restaurant and Hospitality Association</u>				
	Business Address	<u>126 West State Street</u>				
	City	<u>Trenton</u>	State	<u>NJ</u> Zip Code <u>08608</u>		
	Type of Business	<u>Trade Association for Restaurant and Hospitality Industry</u>	<table border="1"> <tr> <td>RECEIPT AMOUNT</td> </tr> <tr> <td>0.00</td> </tr> </table>		RECEIPT AMOUNT	0.00
RECEIPT AMOUNT						
0.00						
<input type="checkbox"/>	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.					
<input type="checkbox"/>	Check if the Represented Entity is designating this report to indicate all of their activity.					
8.	Name of Represented Entity	<u>SB Hoboken Propco, LLC</u>				
	Business Address	<u>175 Belgrove Drive</u>				
	City	<u>Kearny</u>	State	<u>NJ</u> Zip Code <u>07032</u>		
	Type of Business	<u>Real Estate</u>	<table border="1"> <tr> <td>RECEIPT AMOUNT</td> </tr> <tr> <td>0.00</td> </tr> </table>		RECEIPT AMOUNT	0.00
RECEIPT AMOUNT						
0.00						
<input type="checkbox"/>	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.					
<input checked="" type="checkbox"/>	Check if the Represented Entity is designating this report to indicate all of their activity.					
9.	Name of Represented Entity	<u>EDP Soccer</u>				
	Business Address	<u>8 Cornwall Court</u>				
	City	<u>East Brunswick</u>	State	<u>NJ</u> Zip Code <u>08816</u>		
	Type of Business	<u>Youth Soccer</u>	<table border="1"> <tr> <td>RECEIPT AMOUNT</td> </tr> <tr> <td>0.00</td> </tr> </table>		RECEIPT AMOUNT	0.00
RECEIPT AMOUNT						
0.00						
<input type="checkbox"/>	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.					
<input checked="" type="checkbox"/>	Check if the Represented Entity is designating this report to indicate all of their activity.					

10. Name of Represented Entity State Fair GroupBusiness Address 331 Newman Springs RoadCity Red Bank State NJ Zip Code 07701

RECEIPT AMOUNT

850.00

Type of Business Operation of Amusement Park☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.☐ Check if the Represented Entity is designating this report to indicate all of their activity.11. Name of Represented Entity Parkway Autonomous Inc.Business Address 146 Wolcott StreetCity Brooklyn State NY Zip Code 11231

RECEIPT AMOUNT

0.00

Type of Business Transportation☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.☒ Check if the Represented Entity is designating this report to indicate all of their activity.12. Name of Represented Entity New Jersey Democratic State CommitteeBusiness Address 142 W State StreetCity Trenton State NJ Zip Code 08608

RECEIPT AMOUNT

6,765.00

Type of Business Political Party☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.☐ Check if the Represented Entity is designating this report to indicate all of their activity.13. Name of Represented Entity Atlas PrivacyBusiness Address 2810 N Church Street, Unit 72500City Wilmington State DE Zip Code 19802

RECEIPT AMOUNT

0.00

Type of Business Data Privacy☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.☐ Check if the Represented Entity is designating this report to indicate all of their activity.14. Name of Represented Entity CEP RenewablesBusiness Address 331 Newman Springs RoadCity Red Bank State NJ Zip Code 07701

RECEIPT AMOUNT

0.00

Type of Business Solar Developer☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.☐ Check if the Represented Entity is designating this report to indicate all of their activity.

SCHEDULE A

1. Provide the following information for any Governmental Affairs Agent named in this Annual Report who served as a member of:

- any independent State authority;
- any county improvement authority;
- any municipal utilities authority;
- any inter-State or bi-State authority as a member from New Jersey; or,
- any board or commission established by statute or resolution, or by executive order of the Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State.

(If this question does not apply, move on to question 2.)

Name of Governmental Affairs Agent _____

Name of Authority, Board, or Commission _____

Date When Term of Service Expires _____

Name of Governmental Affairs Agent _____

Name of Authority, Board, or Commission _____

Date When Term of Service Expires _____

Name of Governmental Affairs Agent _____

Name of Authority, Board, or Commission _____

Date When Term of Service Expires _____

Name of Governmental Affairs Agent _____

Name of Authority, Board, or Commission _____

Date When Term of Service Expires _____

2. Did all Governmental Affairs Agent(s) named in this Annual Report file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?



Yes If "yes," continue on to Schedule B.



No If "no," please file the necessary reports immediately.

SCHEDULE B - SALARY & COMPENSATION

PURPOSE: To report the salary and compensation paid to the Governmental Affairs Agents on whose behalf this report is filed. Include the reimbursement of an Agent's expenses in amounts reported.

NOTE: Only the pro rata share of each Governmental Affairs Agent's salary and compensation need to be included if the Agent spends only a portion of his/her time on lobbying activity.

NAME OF GOVERNMENTAL AFFAIRS AGENT**AMOUNT**

Angelo J. Genova	\$ 12,095.00
Nicholas R. Amato	\$ 0.00
Rajiv D. Parikh	\$ 6,765.00
Avi D. Kelin	\$ 11,245.00
William F. Megna	\$ 0.00

SCHEDULE B TOTAL \$ 30,105.00

SCHEDULE C - SUPPORT PERSONNEL

PURPOSE: To report the costs of support personnel who, over the course of the reporting year, individually spend 450 or more hours supporting the activities of the Governmental Affairs Agent(s).

After determining to which person(s) this applies, report the pro rata share of those costs which are attributable to supporting the activities of the Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

SCHEDULE C TOTAL \$ 0.00

NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS

SCHEDULE E - COMMUNICATION EXPENSES

PURPOSE: To report the costs of the preparation and distribution of materials related to influencing legislation, regulations, governmental processes, and conducting communications with the general public.

EXPENSE	AMOUNT
Printed Materials	\$ 0.00
Postage	0.00
Film, Slides, Video, Audio	0.00
TV - Network	0.00
TV - Cable	0.00
Radio	0.00
Other Broadcast Medium	0.00
Internet	0.00
Telephone, Facsimile	0.00

Pro Rata Overhead Costs of Specific Events Over \$100 (*please identify name and date of event*)

Other (*please describe*):

SCHEDULE E TOTAL \$ 0.00

SCHEDULE F - TRAVEL/LODGING

PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this report is filed related to influencing legislation, regulations, governmental processes, or communicating with the general public.

NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
	\$ 0.00
	\$
	\$
	\$
	\$
	\$

SCHEDULE F TOTAL \$ 0.00

SCHEDULE G-1**ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS**

PURPOSE: To report detailed information concerning benefits passed to State officials covered by the Act, as well as the immediate family members of these officials. If the value of a benefit exceeded \$25 per day or \$200 per calendar year, report below.

(Select one description item for each entry from the drop down list. When selecting "O - Other", enter a description in the space provided.)

Name of Benefit Recipient _____

Date _____ Description _____ Amount \$ **0.00**

Name and Address of Payee/Vendor

Name _____

Address _____

City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____

Address _____

City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____

Address _____

City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

Name of Benefit Recipient _____

Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor

Name _____

Address _____

City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date _____ Amount \$ _____

Description _____

SUMMARY OF BENEFIT PASSING**PURPOSE:** To report the total amount of providing benefits to State officials covered by the Act and their immediate family members.

	SCHEDULE G-1	SCHEDULE G-2*	AMOUNT
Entertainment	\$ _____	+ \$ 0.00	= \$ 0.00
Food and Beverage	_____	+ 0.00	= 0.00
Travel	_____	+ 0.00	= 0.00
Lodging	_____	+ 0.00	= 0.00
Honoraria	_____	+ 0.00	= 0.00
Loans	_____	+ 0.00	= 0.00
Gifts	_____	+ 0.00	= 0.00
Other (specify) _____	_____	+ 0.00	= 0.00
Total	\$ _____	+ \$ 0.00	= \$ 0.00
SCHEDULE G-1 AND SCHEDULE G-2 TOTAL			

* Enter, by category, the value of benefit passing where the expenditure did NOT exceed the \$25/day or \$200/calendar year thresholds.

**TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.
DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.**

\$ _____

SUMMARY OF LOBBYING EXPENDITURES**EXPENDITURES**

1. Salary and Compensation	Schedule B Total	\$ 30,105.00
2. Support Personnel	Schedule C Total	0.00
3. Communication Expenses	Schedule E Total	0.00
4. Travel and Lodging	Schedule F Total	0.00
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	0.00
Total Lobbying Expenditures		\$ 30,105.00

SUMMARY OF TOTAL RECEIPTS FROM REPRESENTED ENTITIES \$ 30,105.00

CERTIFICATION

This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I, Angelo Genova

(enter name)

hereby certify that I am duly authorized by

Genova Burns LLC

(enter name of firm)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2023.
I certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully false, I may be subject to punishment.

Registration Number *****

PIN

Verify Registration
Number & PIN

ANGELO J GENOVA

Signature

February 14, 2024

Date

* Your name must appear on the signature line *